# F19000005024

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
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T GLASS



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301

P: 866.625.0838

F: 866.625.0839 COGENCYGLOBAL.COM

Account#: 120000000088

Date: 11/0	4/2019		DI ELOS SUE OFOCUE
	el Ogbonna-Am	ıu	PLEASE FILE SECOND
Reference #:	1148140		
		BJECTIVEGI, INC	· <del></del>
✓ Articles of Ir	ncorporation/Author	ization to Transact Business	
☐ Amendmen☐ Change of A			20
Reinstatem			2015 HG 1
Conversion			5
Merger			10:
Dissolution/	Withdrawal		Q.
Fictitious Na	ame		
Other			
Authorized Amoun	t: <b>\$70.00</b>	<u> </u>	
Signature:	M 1050		

F: 800.944.6607

F: +852.2682.9790

## **COVER LETTER**

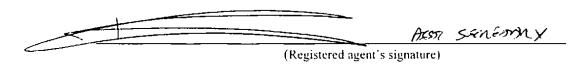
TO:	Registration Section Division of Corporations	
	ObjectiveGI, Inc.	
SUBJ	Name of corporation - must include suffix	<del> </del>
	·	
Dear S	ir or Madam:	
"Certif	closed "Application by Foreign Corporation for Authorization to Transact Busines icate of Existence," or "Certificate of Good Standing" and check are submitted to referenced foreign corporation to transact business in Florida.	
Please	return all correspondence concerning this matter to the following:	
	Name of Person	
	Firm/Company	20
		2015 NOV
	Address	<u> </u>
		<u>.</u>
	City/State and Zip code	§4 10:
	E-mail address: (to be used for future annual report notification	n)
For fur	ther information concerning this matter, please call:	
	Name of Person Area Code Daytime Telephone Num	
	Name of Person Area Code Daytime Telephone Num	ber
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, FL 32301  MAILING ADDRESS Registration Section Division of Corporation P.O. Box 6327 Tallahassee, FL 32314	
Enclose	ed is a check for the following amount:	
<b>□</b> \$70	Certificate of Status Certified Copy Cer	50 Filing Fee. tificate of Status &

## APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503. FLORIDA STATUTES. THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA. ObjectiveGI, Inc. 1. (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp." "Inc." "Co," or "Corp.") (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) Delaware 84-2363329 2. (State or country under the law of which it is incorporated) (FEI number, if applicable) June 26, 2019 Perpetual (Date of duration, if other than perpetual) (Date of incorporation) 06/26/2019 (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607,1501 & 607,1502, F.S., to determine penalty liability) 341 Cool Spring Blvd, Suite 110, Franklin, TN 37067 (Principal office address) 341 Cool Spring Blvd, Suite 110, Franklin, TN 37067 (Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Cogency Global, Inc. Name: 115 North Calhoun Street, Suite 4 Office Address: Tallahassee 32301 \_\_ , Florida (City) (Zip code)

#### 9. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.



10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

11. Names and business addresses of officers and/or directors: A. DIRECTORS see attached Chairman: . \_ -- \_ \_ Vice Chairman: Address: \_\_\_\_\_ Director: Address: \_\_\_\_\_ Director: Address; \_\_\_\_\_ B. OFFICERS see attached President: Address: Vice President: S Secretary: Address: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. Signature of Director or Officer The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in \$.817.155, F.S. Colleen S. Hoke DIRECTOR 13. \_\_\_

## OBJECTIVEGI, INC. OFFICERS AND DIRECTORS

#### **DIRECTORS**

Name	<u>Position</u>
Colleen S. Hoke	Director
Donald J. Lazas, M.D.	Director

### **OFFICERS**

<u>Name</u>	<u>Position</u>	
Colleen S. Hoke	President and Chief Executive Officer	
Donald J. Lazas, M.D.	Chief Medical Officer and Secretary	
David Fox	Chief Operating Officer	
Gerry Andrady	Chief Technology Officer	
Stu Warren	Chief Financial Officer	

## Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "OBJECTIVEGI, INC." IS DULY

INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS

OF THIS OFFICE SHOW, AS OF THE FIFTH DAY OF NOVEMBER, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "OBJECTIVEGI,

INC." WAS INCORPORATED ON THE TWENTY-SIXTH DAY OF JUNE, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL FRANCHISE TAXES HAVE BEEN ASSESSED TO DATE.

2019 Aut - 5 Att 10: 56



Authentication: 203936745

Date: 11-05-19

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